

Emergency Medical Services Workforce & Staffing Issues

This issue was onset way before any of us heard the term “Covid-19”, as far back as 2007 in Georgia, a Senator Workforce Study group predicted this issue, along with many others!



THE FINAL REPORT OF
THE SENATE STUDY COMMITTEE ON EMS RECRUITMENT,
RETENTION, AND TRAINING IN GEORGIA
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We see today what this report
suggested would occur!



Challenges

Finding people who want to come into the profession,
Keeping those who are already in, IN.

EMT/Paramedic Training, one can become a licensed nurse in the same time frame or shorter and make almost double in salary in short amount of time post-graduate.

Hospitals staffing shortages is being filled by hiring quality paramedics to work in E.R.s, Cath/Stroke Labs, Cardiac Stress Testing, etc. for more money and less hours, thus taking them off Med Units in the field.

Technical Colleges with cost, time for training have forced many into doing their own E.M.S. Education in-house, furthering the cost even more for on-boarding and training.



It's happening

Many services implemented Mandatory Overtime to cover shortages in staffing

Work-Life Balance is a real thing and getting worse everyday

The pandemic-induced [shortage of emergency medical technicians and paramedics](#) nationwide is so dire that ambulance service providers warn of sharp cuts to services and longer waits for 911 calls — even when it's a matter of life or death.

This will not go away without help from the Federal and State Levels, will only become worse until we focus and find real solutions.



From 2007 Senate Report

The average cost to a provider to have one ambulance available 24 hours a day, 7 days a week.

is \$500,000 per year in 2004, now, this number is upwards of \$1,000,000 per unit

The Government Accountability Office (GAO) reported that the average cost for providers per ambulance transport is \$415, and today, Medicaid and Medicare Reimbursement Rates are still low in 2023 and no better.



Not a good statistic from 2007, only worse today!

According to the 2007 GAO report, ambulances provide more uncompensated care than any

other major healthcare provider groups:

- *Ambulance 10.8%-16.5%- Today 25%*
- *Hospitals 5.6%*
- *Physicians 4.3%15*

Additionally, since ambulances may never deny transport based on a patients inability to pay,

Georgia ambulance providers are forced to write-off 40-60 percent of billed services annually.

Also, contractual allowance can be as high as 40% for E.M.S providers



Governors Healthcare Workforce

Summary

- Available quantitative data suggests that the Emergency Medical Services workforce is **supply constrained** and more recent qualitative data corroborates these findings
- Despite the EMS workforce skewing younger, Commission members report **challenges in recruiting new EMS workers due to discouraging exam pass rates and instructor shortages**
- Commission interviews reveal that the **lack of access to level 1 trauma centers** and **data on transportation times** hamper the delivery of care



E.M.S. Education

Because of the reduced funding and the consolidation of the Tech colleges many have either quit EMS training altogether (Augusta, Dublin area) or have moved their courses to a central location.

Better economy of scale for the school but devastating when students must travel hundreds of miles each week for the training.

The AVERAGE pass rate for the programs has remained stagnate in the mid sixty percentages for EMT-R EMT and A-EMT for decade.

Very few industries can maintain a 35% waste factor and remain a viable industry.



EMS Education

Occupation-specific: Emergency Medical Services

Commission Members noted that beyond challenges supporting care delivery, EMS deals with academic challenges due in part to the bulk of the training pipeline having shifted from technical colleges to private employer-organized classes. EMS administrators note that associated challenges include a decreased availability and accuracy of data surrounding training, decreased transferability between counties, and increased costs to EMS providers to train new workers

Technical schools could:

- Expand capacity to train EMS workers
- Explore hybrid course options to connect rural areas to remote campuses
- Implement approaches that allow for reward of effective instructors and remedy of underperforming programs

State stakeholders could:

- Support data collection and transparency to inform decisions by EMS providers and instructors

Reforms to EMS education could promote decreased ambulance response times, increased recruiting of EMS professionals, higher pass rates among test takers, and increased efficacy of programs and dollars spent on education.

